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ABSTRACT

This report describes a research project that studied: the speech and language needs of Scottish children and young people with special educational needs, collaboration among parents and professionals, and the perceived effectiveness of different ways of providing speech and language therapy. Data were obtained from a series of mailed questionnaires, school visits, and interviews conducted between December 1993 and April 1995. The project found that there is a pattern of ever-increasing demand for speech and language therapy which continuously outstrips increases in provision. Parents and professionals reported that pupils benefit when speech and language therapy is integrated into the curriculum. The study also showed evidence of collaborative practice among parents, speech language therapists, and other staff both in mainstream and special educational facilities. Parents' comments about the quality of their children's speech and language therapy were predominantly positive. Recommendations for promoting good practice include the need for making explicit the contributions expected of school staff and speech language therapists, structural reviews to identify ways in which the school could be made more accommodating to visiting therapists, good communication and an effective system for sharing of information, and time for collaboration. Implications for professional education and development, policy makers, education authorities, and future research and development are discussed. (CR)

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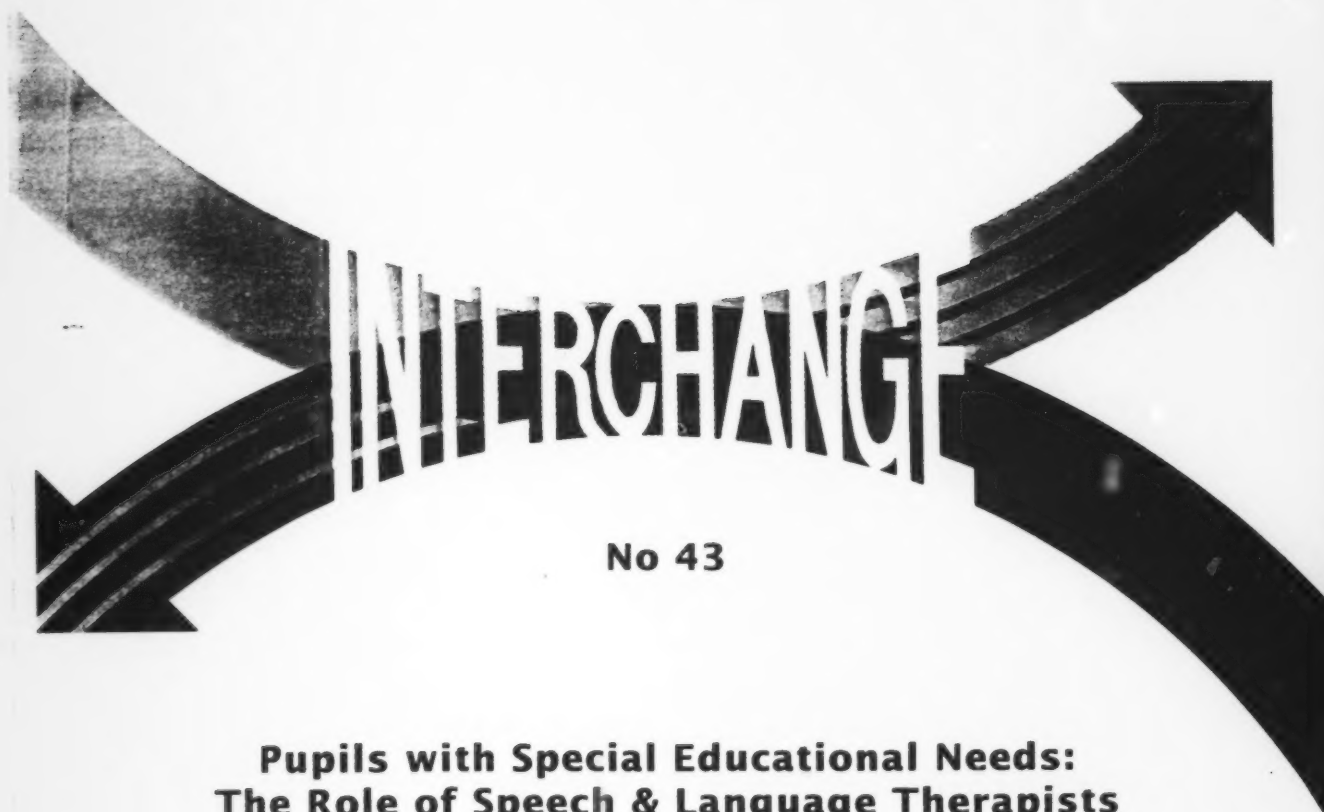
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No 43

**Pupils with Special Educational Needs:
The Role of Speech & Language Therapists**

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Pupils with Special Educational Needs: The Role of Speech & Language Therapists

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Speech, language and communication problems, because they often interfere with children's ability to learn and take part in the educational process, may give rise to special educational needs.

The delivery of speech & language therapy services to children and young people has become a focus of great interest among parents and professionals in recent years. Parents and voluntary groups have voiced concern about the provision of speech & language therapy.

The research project covered the twelve regional and three island authorities in Scotland during the period 1993-1995. The study represents the first attempt to evaluate systematically the needs of children and young people, and the needs, perceptions and expectations of parents, teachers, speech & language therapists (SLTs) and other professionals concerned with the provision of speech & language therapy in an educational context.

Background

Speech & language therapists (SLTs) help people who are experiencing difficulties with one or more aspects of communication and/or with eating and drinking. They work in a variety of locations with a wide range of client groups of all ages, and with many different disorders.

Speech & language therapy services are currently provided by NHS Trusts or, in the Western and Northern Isles, by Health Boards. A few SLTs are employed by voluntary agencies or work independently, attached to universities and colleges. While some SLTs work largely with adults, a substantial majority work exclusively or mainly with children and young people. Government sources record that over 68,000 people were seen by SLTs in 1993/94. This represents a 10% increase in people seen over the previous year, and is over 83% more than in 1982/83 (ISD Scottish Health Service Common Service Agency, 1995).

Education authorities in Scotland have a duty under section 1 of the Education (Scotland) Act 1980 to secure that adequate and efficient provision of school education is made for their area. This must include adequate and efficient provision for special educational needs. Children with pronounced, specific or complex special educational needs which require continuing review will have Records of Needs drawn up for them by the education authority after consultation with parents and in the light of appropriate professional advice. In the spirit of a judgement made in a court case in England, The Scottish Office Education and Industry Department recognises that provision of speech and language therapy may be a special educational need in certain cases.

Following an initiative of the Secretary of State for Scotland in 1991, education authorities now negotiate contracts to purchase specified speech & language therapy services for pre-school and school-aged children with Records of Needs. The intention of this initiative was to give education authorities direct control over the financial resources required to discharge their duty towards pupils with Records of Needs who require speech & language therapy.

Current issues in the provision of speech & language therapy services include where and how therapy is delivered to children and young people. For example, teachers may prefer SLTs to work with pupils in school rather than in a clinic setting, but this may create additional problems for SLTs such as time lost in travelling and difficulty in maintaining close collaboration with parents. It is now increasingly recognised that speech, language and communication difficulties in children and young people are more effectively addressed in everyday situations, such as those associated with communication in the classroom and school, rather than in isolation. Furthermore, the education of pupils with speech, language and communication difficulties benefits from speech & language therapy which is specifically tailored to the educational context. The Royal College of Speech & Language Therapists' professional guidelines for good practice emphasise skill-sharing, flexible working practices and the integration of therapy and educational programmes (College of Speech & Language Therapists, 1991). While this project was being carried out, HM Inspectors of Schools undertook an investigation of the education of pupils with language and communication disorders. Their report (Scottish Office Education and Industry Department, 1996) was informed by this research.

Aims and methods

The aims of the project were to study the speech and language therapy needs of pupils with special educational needs; forms of collaboration among parents and professionals; and the perceived effectiveness of different ways of providing speech & language therapy.

Data were obtained from a series of postal questionnaires, school visits and interviews carried out between December 1993 and April 1995. Questionnaires, eliciting quantitative and qualitative data, were sent to speech & language therapy managers, individual SLTs, teachers, principal and divisional educational psychologists, advisers in special educational needs and parents. The response rates were very good for all groups with the exception of educational psychologists. Twenty visits were made to schools which represented a range of educational settings across the mainland of Scotland. (Additional telephone interviews were carried out with educational and speech & language therapy staff from two Island authorities.) More than 80 individuals were interviewed, including head teachers, class teachers, learning support teachers, specialist teachers, classroom assistants/auxiliaries, parents and SLTs.

There is a pattern of
ever-increasing
demand for speech
and language therapy.



How can best use be
made of limited
resources?

Findings and implications

The speech & language therapy service in Scotland

There is a pattern of ever-increasing demand for speech & language therapy which continuously outstrips increases in provision.

In 1994, 662 SLTs were employed within the NHS sector, an increase of 205 since 1990; 9% of speech & language therapy posts were vacant. There were 13 SLTs per 100,000 population. This is 100% greater than the recommendations for staffing levels proposed in the 'Quirk Report' (Committee of Enquiry into the Speech Therapy Services, 1972) but 50% below the standard proposed by Enderby and Davies (1989).

Since 1990, there has been an overall increase in on-site provision of speech & language therapy to mainstream and special educational facilities. Our survey of 381 SLTs indicated that in March 1994 over 11,000 children and young people received a speech & language therapy service in schools, whereas around 8,500 were seen in other settings, such as health clinics.

The questionnaire returns from speech & language therapy managers were more complete than those from individual SLTs. These indicated that over 30,000 children and young people were within the speech & language therapy service on 31 March 1994 (including those on waiting lists and on review). Fifteen percent of these individuals were known by speech & language therapy managers to have Records of Needs. A professional emphasis on early identification and intervention was reflected in the finding that 39% of under-18 clients fell into the 0-4 year age band, compared to only 9% in the 12-18 age band.

Fig 1: Caseloads of SLTs working with under-18s

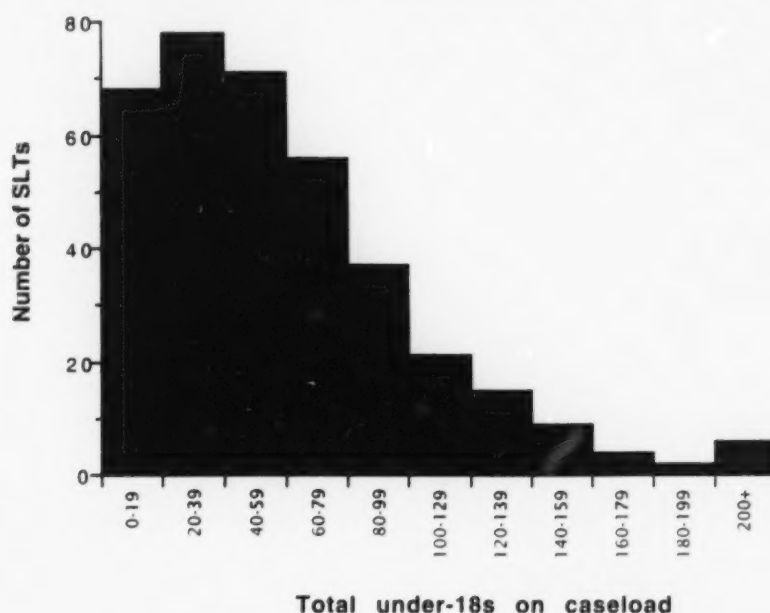


Figure 1 shows that, of the 381 SLTs surveyed (about a third of whom worked only part-time), the total number of under-18s on their caseloads ranged from one to over 200.

To put these findings another way:

- 50% of SLTs had up to 50 children on their caseload;
- 35% had between 50 and 100 children on their caseload;
- 11% had between 100 and 150 children on their caseload;
- 4% had more than 150 children on their caseload.

Moreover, children were seen in a variety of locations and in some parts of the country these were scattered across a very wide geographical area. All of these factors combine to make the management task facing SLTs a demanding one.

SLTs working in schools commonly cover a number of schools as well as clinics and other locations. From the survey, SLTs working in mainstream primary schools covered ten different locations altogether and had a caseload of between 40 and 80 children and young people, on average. The number of locations covered by SLTs working in special educational facilities was somewhat lower, as was the overall caseload, reflecting pupils' more complex needs.

By March 1994, the Secretary of State's (1991) Initiative had resulted in the creation of over 80 additional whole-time equivalent SLT posts. There have also been changes in the delivery of the speech & language therapy service to pupils in schools as well as a re-allocation of resources in favour of school-age children. However, not all speech & language therapy services to pupils with Records of Needs were funded through education contracts. Speech & language therapy managers reported that, where education-funded resources were insufficient, provision had to be made from health funding.

While it could be argued that children with high levels of need would receive speech & language therapy input whether or not a Record of Needs was opened, some parents and professionals felt that opening a Record of Needs was a means of ensuring access to an appropriate level of necessary resources, including speech & language therapy.

Speech & language therapy managers were concerned that, as a result of the new contractual arrangements with education authorities, they were no longer able to prioritise across the whole of their service. In particular they were concerned about services for young children who did not (or did not yet) have Records of Needs but who nevertheless had very pressing needs for speech and language therapy. Managers felt that services to pre-school children, including those with eating and drinking problems, were increasingly at risk because of the re-allocation of resources to school-age children with Records of Needs.

It is somewhat paradoxical that services to non-recorded pupils should be seen as threatened. The Secretary of State's (1991) Initiative provided additional funding, at least for the first wave of contracts between education and health, and did not take away any funding from existing services. So why were existing services perceived to be at risk? As the new, well-specified and sometimes innovative services to children with Records of Needs have become established, other services may be perceived as less than ideal without any actual deterioration

Services to children
with Records of Needs
have been enhanced.



*How should the needs
of children with less
severe but remediable
conditions be balanced
against those with
severe and more
intractable conditions?*

having taken place. In addition, in many areas it was more experienced SLTs who took up the new education-funded posts, with the result that the management of non-recorded clients was left to relatively less experienced or recently-qualified staff. The very high overall pressure of demand on the service may provide yet another explanation for the perceived threat. More and more children acquire Records of Needs each year, but fewer cease to need speech & language therapy or have their Records closed. At the same time, the overall numbers of clients referred to speech & language therapy continues to increase (ISD Scottish Health Service Common Service Agency, 1995). Since it is unlikely that additional funding will be made available, managers foresaw increasing difficulty in maintaining the contracted level of service to all children with Records of Needs requiring speech & language therapy.

The quality of speech & language therapy provision

Parents and professionals reported that pupils benefit when speech & language therapy programmes are integrated into the curriculum rather than kept separate from it. The study found evidence of collaborative practice among parents, SLTs, teachers and other staff both in mainstream and in special educational facilities. Overall, however, good practice of this sort was markedly more in evidence in special than in mainstream educational settings.

Where different professionals had poor understanding of one another's role, this led to false expectations which in turn hindered collaboration. Better understanding of one another's role was achieved in settings where staff spent more time together. In settings where SLTs' visits were only occasional or fleeting, mutual understanding of professional roles was rare. Survey results showed that, particularly in mainstream schools, a majority of SLTs provided only a 'traditional', withdrawal-based style of therapy, while teachers saw themselves as having little responsibility for meeting the needs of pupils with speech, language and communication difficulties.

For children with speech, language and communication difficulties in mainstream schools, neither speech & language therapy provision nor education was considered effective by many SLTs and teachers. Provision was reported to be particularly poor at secondary school level. Mainstream secondary schools were identified as hostile environments for pupils with enduring speech, language and communication difficulties.

Parents' comments about the quality of their children's speech & language therapy were predominantly positive. Most parents simply wanted more therapy time, although some also wanted qualitative changes such as more individual work, more group work, a more local service or better continuity of provision. Many parents expressed concern about what the future held for their children if they continued to have significant speech, language and communication difficulties. The need for more supportive educational input and enhanced speech & language therapy provision at secondary school level was emphasised.

Where different professionals had poor understanding of one another's roles, this led to false expectations which hindered collaboration.



What mechanisms are needed to enhance understanding and collaboration?

Most parents wanted more individual therapy time for their children but parents and professionals reported that pupils benefit when SLT programmes are integrated into the curriculum.



How can parents' understanding of the value of collaborative work be enhanced?

It was clear from the responses of parents that the nature and extent of children's needs were wide ranging, thus necessitating the availability of many different forms of speech & language therapy. This in turn makes it difficult to evaluate the effectiveness of any particular form of provision; nor is it sensible to try to draw general conclusions about the 'best' type of provision.

Good collaborative practice

Visits and interviews suggested that good practice was more likely where speech, language and communication difficulties, and the remediation and management of such difficulties, were viewed as educational issues and not as the sole concern of SLTs. The attitude and commitment of school staff to meeting the speech, language and communication needs of pupils was found to be as influential as the input of SLTs. Where innovative practice was found, the degree of commitment and effort on the part of the school was very striking.

For example, one primary school shared a morning session of an SLT's time with two other schools. None of the three schools received more than one term of weekly visits in any one school year, thus the primary responsibility for continuity of speech, language and communication programmes needed to rest with the school. The assistant head teacher (early stages) and a learning support teacher liaised with the SLT, selected pupils for inclusion in programmes and organised the programmes of work. The broad aims and structure of the programmes were negotiated jointly with the SLT in a collaborative planning session at the start of the term. The SLT would lead the groupwork initially, then gradually school staff (including class teachers, learning support teachers and nursery nurses) would take more responsibility for devising activities and leading the groups. Subsequently, parent helpers were also involved so that groups could take place three or more times a week. When interviewed, teachers and SLTs who had been involved in such collaboration always stressed the value of observing one another's way of working and sharing ideas.

The effectiveness of SLTs in schools was enhanced by a shared understanding among parents, education staff and SLTs of the roles that SLTs can play within educational settings. It was apparent from visits and interviews that effective collaboration required a shared perspective of common goals and the existence of appropriate resources, conditions which do not always apply in all schools.

Speech & language therapy needs did not appear to be well met by SLTs working in isolation. While withdrawal of pupils from class for speech & language therapy has a place within a range of approaches, withdrawal-based intervention should be seen as only one possible option rather than as 'the norm'. For pupils to make the most of speech & language therapy programmes, these need to be part of their daily lives in school as well as at home. For this to happen, SLTs need to be part of the school and to collaborate with education staff. Education authorities need to invest resources and develop ways of ensuring that collaborative practices are fostered.

Strategies for promoting good practice

The findings suggested a number of ways in which schools and SLTs might promote better practice. In particular, differing perceptions and expectations need to be made explicit and misperceptions addressed.

- **School-level agreements**

The potential for misunderstandings could be reduced by simple but formal school-level agreements drawn up by schools and SLTs. These would make explicit the contributions expected of both school staff and SLTs, as well as providing a basis for monitoring and evaluation of the provision for pupils with speech, language and communication difficulties. In addition, the process of drawing up such agreements should help teachers, classroom assistants and SLTs to increase their awareness of one another's conditions of service. Misperceptions around conditions of service were a common source of friction in many of the schools surveyed.

- **Structural reviews to identify ways in which the school could be made more accommodating to visiting SLTs**

There are difficulties inherent in being an 'outsider' in a tightly hierarchical institution like a school. Small changes can make a significant difference. In one large secondary school we visited, teachers were unsure about how often the SLT visited the school, which days and times she was in the school, and how and where they might be able to contact her. Within the school all the teachers had a 'pigeon hole', and this was the way most messages were passed, but the SLT did *not* have a pigeon hole. Although an assistant head teacher had the SLT's timetable, as did a few other staff with whom the SLT already worked, it was not displayed on the notice board on which was displayed information about visits from learning support specialists and peripatetic subject teachers. Schools may need to conduct a structural review in order to identify ways in which the school could be made more accommodating to visiting SLTs (and to other visiting professionals), thus encouraging experienced SLTs to take up and remain in educational posts.

- **Sharing of information**

For parents, SLTs and teachers to feel they are part of a team, good communication and an effective system for sharing of information are essential. In one special school visited, each class had a large loose-leaf folder with sections for individual pupils, in which all those working with a child recorded relevant details under the headings used by the school for individual educational programmes. Integrated record-keeping initiatives of this sort should be actively encouraged, although different schools will need different solutions, and issues of confidentiality need to be addressed.

Some schools and SLTs made a special effort to ensure that whenever parents visited the school or the class, either for meetings, Record of Needs reviews, or parents' evenings, they saw their child's teacher and SLT *together*. This gave

A suggestion is made
for school-level
agreements for SLT
services.



Would this be helpful
to you? How might
such agreements
be structured?

It can be difficult for
specialists visiting
schools and school
staff to communicate
effectively with each
other.



What strategies might
be devised to
overcome this?

Some schools made a special effort so that when parents visited the school they saw the class teacher and SLT together. Others had shared records.



Are there other strategies to encourage joint working?

parents the message that their child was receiving a co-ordinated and integrated programme of education and therapy and showed that the SLT was part of the school team. In practice, this is only feasible where SLTs have an exceptionally small caseload. Many SLTs commented on how hard it was for them to arrange to get to every meeting for every pupil on their caseload *and at the same time* fulfil their contracts for face-to-face contact with pupils. In the light of this, arrangements need to be made to ensure that parents have adequate opportunities for sharing information with both teachers and SLTs.

- *Time for collaborative work*

If teachers and SLTs are to work together, they need time formally set aside. Although informal communication during lunch and coffee breaks is valuable, the crucial activities of joint assessment, goal setting and programme planning cannot be undertaken effectively in these settings. Head teachers and other managers need to ensure that these activities are supported and recognised as a legitimate use of staff time.

Implications for professional education and development

- *Teachers need to know more about speech, language and communication*

There is a very general view that teachers need more information about the development and disorders of speech, language and communication, and about speech & language therapy.

- *SLTs need to know more about education*

Similarly, SLTs need more information about education, the curriculum and classroom practice.

There was general agreement amongst staff that these interdisciplinary issues need to figure more prominently, both in pre-service education for teachers and SLTs, and in professional development programmes.

- *Joint professional development opportunities*

Furthermore, joint professional development opportunities for education staff and SLTs were seen as of exceptional value in facilitating and strengthening collaborative partnerships. For example, one special school visited had been the setting for a joint training course which had led to the adoption of a whole-school approach to speech, language and communication. The approach was thoroughly integrated into both the classroom curriculum and individual pupils' educational programmes, and teachers and SLTs shared responsibility for assessment, programme planning and group teaching sessions.

- *Formal courses in the education of pupils with speech, language and communication difficulties*

Both class teachers and specialist teachers working with pupils who have speech, language and communication difficulties have a need for access to

specialist knowledge and skills, and formal courses in the education of pupils with speech, language and communication difficulties have not been easily available in Scotland. Such courses are seen as particularly important for language support teachers – these are (usually peripatetic) teachers who have acquired special knowledge and expertise in the teaching of pupils with language and communication difficulties and who support pupils and their class teachers in mainstream education.

- *Students need to observe and participate in collaborative work*

If those entering the speech & language therapy profession are to be equipped with the knowledge and skills necessary for working in educational settings, students on placement need to observe and participate in collaborative work. Those in charge of organising placements for student SLTs could help by providing more student placements within educational settings in which collaborative work is being undertaken.

- *Classroom assistants need access to training courses*

Also important are staff development opportunities in the area of speech, language and communication for classroom assistants who may be at the sharp end in the day-to-day management of pupils with speech, language and communication difficulties but who tend to have very restricted access to anything other than 'on the job' training.

Implications for policy makers

Effective provision for pupils with speech, language and communication difficulties should be seen as the responsibility not only of individual SLTs and teachers, but also of speech & language therapy managers, school management teams, higher education institutions, local authorities, and central government. During the course of the study, a number of more broadly based initiatives were identified as having contributed to improvements in provision in one or more education authorities. It is anticipated that different initiatives will be more or less suitable for meeting the needs of pupils within different education authorities.

- *More places in special educational facilities for pupils with speech, language and communication difficulties*

In general, effective collaborative working practices were found to be better implemented in special than in mainstream educational facilities. Therefore, consideration should be given to the creation of more places in special educational facilities for pupils with significant speech, language and communication difficulties. For pupils placed in mainstream schools, initiatives need to encompass the provision of designated teachers who can provide both specialist teaching support for pupils and collaborative partnerships for SLTs.

- *More language support teachers*

Consideration may be given to the creation of further specialist language support teacher posts, either associated with special educational facilities such as language units, or associated with learning support teams (both of which systems were observed in practice in different areas).

- *Extension of the role of learning support teachers*

An extension of the role of learning support teachers might be considered; learning support teachers could have more responsibility for speech, language and communication programmes and their integration into educational programmes, as well as having increased collaboration with SLTs.

- *Classroom assistants with special responsibility and training*

Extra posts might be created for classroom assistants with special responsibility and training to carry out speech, language and communication programmes under the direction of teachers and SLTs.

- *More appropriate secondary provision*

There is an urgent need across virtually the whole of Scotland for more appropriate specialist provision for pupils of secondary school age with significant speech, language and communication difficulties. This is a potent source of concern to parents and professionals alike.

For all such initiatives, both training needs and the need for formally allocated time for collaboration would require to be addressed.

Implications for Education Authorities and NHS Trusts

Service specifications and contracts between education and health need to include provision both for direct face-to-face therapy contact and for indirect aspects of speech & language therapy, such as time for joint planning and staff development programmes. Contracts also need to allow for the provision of different models of speech & language therapy and should not concentrate exclusively on one-to-one therapy contact.

In the context of increasing demands upon speech & language therapy services, ongoing appraisal of the use of available resources and funding is required. Scarce resources may be better targeted towards those who can make 'best use' of such resources, rather than spreading resources across all potential clients, but too thinly to make an impact. The most effective and efficient use of resources is unlikely to occur without co-operation among managers and other professionals within the areas of education and health.

Effective interdisciplinary team-building is facilitated by joint involvement of personnel from both education and health in the appointment of SLTs and of teaching staff, in particular for language units and other special educational facilities for pupils with speech, language and communication difficulties.

Future research and development

Education staff and SLTs need a shared framework for assessing pupils' speech & language therapy needs, for planning appropriate educational and speech & language therapy programmes, and for documenting and recording progress. The 5-14 Curriculum Guidelines provide a starting point but are not sufficiently detailed to enable implementation; further development should include more relevant strands and targets for pupils with speech, language and communication difficulties, particularly those working within Level A.

This project also suggests a need for further research into the efficacy of different models of speech & language therapy. While improvements in children's speech, language and communication skills should not be ignored, they are not the only relevant focus. Potentially valuable avenues of interdisciplinary enquiry include:

- how to evaluate the effects of school-based speech & language therapy, taking account of, for example, the appropriacy of educational programmes and pupils' educational progress
- development of objective methods for identifying and comparing the speech & language therapy requirements of pupils with a wide range of special educational needs
- examination of the cost effectiveness of different models of speech & language therapy

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Full report of the study

The full report – *The Role of Speech & Language Therapists in the Education of Pupils with Special Educational Needs* – is available from:

SLT Project, The Department of Psychology, The University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ.

Price: £14 inclusive of postage. Cheques should be made payable to 'The University of Edinburgh'.

The views expressed in this paper are those of the authors and do not necessarily reflect those of The Scottish Office Education and Industry Department who funded the study.

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